

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.G	59	04/01 9/01
O.I.P.E. CLASSIFIER		1061	
FORMALITY REVIEW	TN	1061	10/02/01
RESPONSE FORMALITY REVIEW	AL	1019	01-17-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
1	✓	✓	5/15/01
2	✓	✓	5/15/01
3	✓	✓	5/15/01
4	✓	✓	5/15/01
5	✓	✓	5/15/01
6	✓	✓	5/15/01
7	✓	✓	5/15/01
8	✓	✓	5/15/01
9	✓	✓	5/15/01
10	✓	✓	5/15/01
11	✓	✓	5/15/01
12	✓	✓	5/15/01
13	✓	✓	5/15/01
14	✓	✓	5/15/01
15	✓	✓	5/15/01
16	✓	✓	5/15/01
17	✓	✓	5/15/01
18	✓	✓	5/15/01
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26	✓	✓	5/15/01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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S/0
10-07-01
14-07